Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN2505AGZ		B. WING		07/1	5/2010
NAME OF PROVIDER OR SUPPLIER STREE			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
MERRILL GARDENS AT GARDNERVILL				INIA RANCH F VILLE, NV 89			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODERICIENCY)	TIVE ACTION SHOULD BE ICED TO THE APPROPRIATE	
Y 000	Initial Comments			Y 000			
	The findings and cond by the Health Division prohibiting any crimin actions or other claim available to any party state, or local laws. This Statement of Dea result of an annual aconducted in your fact Licensure survey was of NRS 449.150, Pow The facility is licensed for Group beds for elected Category II residents Alzheimer's disease, census at the time of resident files were reviewed. The facility received at the following deficient 449.196(1)(f) Qualificationing NAC 449.196 1. A caregiver of a restacility must: (f) Receive annually residents actions and the second sec	Category II residents. The survey was 58. Fift viewed and fifteen emptone discharged resident agrade of B. Incies were identified: ations of Caregiver-8 has been sidential and less than 8	I as	Y 070			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			, , , , , , , , , , , , , , , , , , , ,		(X3) DATE SURVEY COMPLETED		
	NVN2505AGZ		B. WING		07/1	5/2010	
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	•	
MERRILL	GARDENS AT GARDNE	RVILL		NIA RANCH F /ILLE, NV 894			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		l l	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
Y 070	Continued From page	: 1		Y 070			
	failed to ensure that 3 of 15 caregivers received eight hours of annual training (Employees #5, #7 and #14).						
	Severity: 2 Scope: 1	1					
Y 105 SS=D	449.200(1)(f) Personr	nel File - Background C	heck	Y 105			
NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.		nch lude:					
	Based on record reviet failed to ensure 1 of 1 background check rec FBI report).	quirements (Employee	ity				
	Severity: 2 Scope: 1	1					
Y 255 SS=C	Y 255 SS=C 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service		446	Y 255			
	chapter 446 of NAC. (b) Obtain the necess	with more than 10 tandards prescribed in ary permits from the Bustervices of the Division.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER (X2) PROVIDER/SUPPLIER			. ,		(X3) DATE SURVEY COMPLETED		
		NVN2505AGZ		B. WING		07/1	5/2010
NAME OF PR	ROVIDER OR SUPPLIER	101120007102	STREET ADDI	I RESS, CITY, STA	ATE, ZIP CODE	0771	0/2010
MERRILL GARDENS AT GARDNERVILL				NIA RANCH F VILLE, NV 894			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Y 255	Continued From page			Y 255			
	Based on observation review on 7/15/10, the kitchen complied with 1. Cleaning and Sani	er the juice dispenser w	e the 446.				
	b. Multiple sanitized pans were found wet stacked.						
	c. The towel dispense kitchen handsinks loca entrance.	er was empty at one of ated near the bistro	the				
	d. Kitchen and dry sto accumulation of food	orage room floors had s and debris.	some				
	e. A mop was found i janitor's area.	incorrectly stored in the	•				
	2. Equipment and Ma	aintenance Issues:					
		oor hinge was in disrep					
	b. The gasket for the door was damaged.	reach-through refrigera	ator				
	Severity: 1 Scope	: 3					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN2505AGZ		B. WING		07/15/2010	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
MERRILL	GARDENS AT GARDNE	RVILL	1565 VIRGIN GARDNERVI				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
Y 693	Continued From page	e 3		Y 693			
Y 693 SS=D			dent	Y 693			
	NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.		ate s of a ch fy areas peing or e ygen of esent o d ygen				

			:		(X3) DATE SURVEY COMPLETED			
NVN2505AGZ				07/4	E/2010			
ROVIDER OR SUPPLIER	NVNZJUJAGZ	STREET ADD	I RESS, CITY, STA	TE, ZIP CODE		3/2010		
MEDDILL GARDENS AT GARDNERVILL			5 VIRGINIA RANCH RD					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	E ACTION SHOULD BE O TO THE APPROPRIATE			
This Regulation is not met as evidenced by: Based on observation on 7/15/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 2 of 24 resident rooms in which oxygen was being used (Rooms #304 and #314).			Y 693					
36 449.2749(1)(e) Resident file-NRS 441A Tuberculosis			Y 936					
NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.		for at e ce st						
This Regulation is not met as evidenced by: Based on record review on 7/15/10, the facility failed to ensure that 8 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3, #7, #8, #9, # 12, #13 and #14 - excessive TB tests performed). Severity: 2 Scope: 3		ity ed esting						
	Continued From page This Regulation is not ensure oxygen tar or to the wall in 2 of 2 oxygen was being use. Severity: 2 Scope: 449.2749 1. A separate file must resident of a resident least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, assess information and any of the resident, including (e) Evidence of componanter 441A of NRS adopted pursuant the This Regulation is not Based on record revise failed to ensure that 8 with NAC 441A.380 records (Resident #2, #3, #7, 12, #13 and #14 - exceptions.)	ROVIDER OR SUPPLIER GARDENS AT GARDNERVILL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION OF LINE OF THE REGULATORY OR LSC IDENTIFYING INFORMATION OF LSC IDENTIFYING INFORMATION	ROVIDER OR SUPPLIER GARDENS AT GARDNERVILL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 7/15/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 2 of 24 resident rooms in which oxygen was being used (Rooms #304 and #314). Severity: 2 Scope: 1 449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. 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F CORRECTION NVN2505AGZ STREET ADDRESS, CITY, STATE, ZIP CODE 1565 VIRGINIA RANCH RD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 7/15/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 2 of 24 resident froms in which oxygen was being used (Rooms #304 and #314). Severity: 2 Scope: 1 449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. 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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
JUNE 12 W G1 GG1 NEG TIGHT		EK:	A. BUILDING		COMIL EL TEB		
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MERRILL GARDENS AT GARDNERVILL							
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID			(X5)	
			PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLETE DATE	
Continued From page	ge 5		Y1036				
36 449.2768(1)(a)(2) Dementia Training			Y1036				
1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.		h sset ofter set					
Based on record rev failed to ensure 2 of Alzheimer's unit rec training in providing form of dementia, in within three (3) mon (Employees #4 and	view on 7/15/10, the facil f 6 caregivers working in eived at least 8 hours of care to a resident with a acluding Alzheimer's disenths of initial employment #6).	ity the ny ase					
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From part 449.2768 1. Except as otherwise administrator of provides care to periodementia shall ensured (a) Each employing direct contact with a with any form of derimitation, dementia disease, successful (2) In addition to forth in subparagraps such an employee if facility, at least 8 hockare to a resident wincluding, without limitation, without limitation are to a resident wincluding, without limitation is a Based on record refailed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record record failed to ensure 2 of Alzheimer's unit record failed	ROVIDER OR SUPPLIER GARDENS AT GARDNERVILL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL REGULATORY OR LSC IDENTIFYING INFORMATI Continued From page 5 449.2768(1)(a)(2) Dementia Training 449.2768 1. 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